## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Title)

(Date)

January 6, 1986

| **. ** ****** ******* | .1           |          |
|-----------------------|--------------|----------|
| DISTRIBUTION          | $\top$       |          |
| -                     |              | $\sqcap$ |
| FILE                  | $\top$       |          |
| U.S.O.A.              | $\mathbf{I}$ |          |
| LAND OFFICE           | $I^{-}$      |          |
| TRANSPORTER OIL       |              |          |
| DAS                   |              |          |
| OPERATOR              |              |          |
| PROBATION OFFICE      |              |          |

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78

| TRANSPORTER DIL   |                       |                    |                                       | •   |                 | JAN2 0 1986                                 | ש              |  |
|---|-----------------------|--------------------|---------------------------------------|---|-----------------|---|----------------|--|
| OPERATOR  |                       | REQUEST            | FOR ALLO                              | WABLE   | On              | CON. DIV                                    |                |  |
| PROBATION OFFICE  | AUTUODIT              | 1710117070         | AND                                   |   | . – , (         | CON DIV                                     | <i>1</i> i     |  |
| I.  | AUTHURIZ,             | ATION TO TR        | ANSPORT OF                            | L AND NATI  | JRAL GAS        | DIST. 3                                     | <b>'•</b> ]    |  |
| Operator  | <del></del>           |                    |                                       |   |                 | -101. 3                                     |                |  |
| Northwest Pipeline Co   | rnoration             |                    | •                                     |   |                 |   |                |  |
| Address   | 1 por a c ron         |                    |                                       |   |                 |   |                |  |
| P.O. Box 90 - Farming   | ton, New Me           | xico 874           | .99                                   |   |                 |   |                |  |
| Ressorts) for tiling (Check proper box)   | ,                     |                    |                                       | Other (Pleas  | e expiain)      |   | <del></del>    |  |
| New Well  | Change in Tr          | ansporter of:      |                                       | i   |                 |   |                |  |
| Recompletion  | o.i                   |                    | Dry Gas                               |   | ••              |   |                |  |
| Change in Ownership   | Casinghe              | rod Gas [∑         | Condensale                            |   |                 | <b>1</b>                                    |                |  |
| If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND |                       |                    | e e e e e e e e e e e e e e e e e e e | er er er er er er   |                 |   |                |  |
| Leose Name  | 1 1                   | oi Name, includi   | ng Fermation                          |   | Kind of Lease   |   | Lease No       |  |
| Gobernador  | #3                    | Gobernador         | <sup>r</sup> Pictured                 | d Cliffs  | Syncy Federal   | οχ <b>β</b> <del>\$</del> *•                | SF078736       |  |
| Location  |                       |                    |                                       |   | · <del></del>   |   |                |  |
|   | nship 29N             | Range              | 5W                                    | , NMPM  | . Rio A         | rriba                                       | County         |  |
| III. DESIGNATION OF TRANSP  | ORTER OF OIL          | AND NATU           | RAL GAS                               |   |                 | . •   |                |  |
| Name of Authorized Transporter of Oil or Condensate   |                       |                    | Address                               | Give address i  | 20 - Farm       | ed copy of this form is<br>ington, NM       | 87499          |  |
| Name at Authorized Transporter of Cast  | ngnead Gas            | or Dry Gas (XX     | Address                               | (Cive address )   | IO WALCA CODECT | ed copy of this form is                     |                |  |
| Northwest Pipeline Co   | rporation             |                    | P.O.                                  | Box 90 -  | Farmington      | n, New Mexico                               | 87499 .        |  |
| If well and were all as the si  | Unit Sec.             | Twp. Rge.          |                                       | tually connecte   |                 |   | 0/433 .        |  |
| If well produces oil or liquids, is give location of tanks.                                 | M 14                  | 29N 5W             | 1                                     | today commect   | ed? Whei        |   |                |  |
|   | <del></del>           |                    | <u> </u>                              |   |                 |   | <u> </u>       |  |
| If this production is commingled with   | that from any ot      | her lease or po    | ool, give comm                        | ningling order  | number:         |   |                |  |
| NOTE: Complete Parts IV and V   | on reverse side       | if necessary.      |                                       |   |                 |   |                |  |
| VI. CERTIFICATE OF COMPLIANCE   |                       |                    |                                       | OIL CONSERVATION DIVISION   |                 |   |                |  |
| hereby certify that the rules and regulation  | s of the Oil Conser   | vation Division h  | ave APPRO                             | 0V.50   |                 | JAN 201                                     | 98 <b>6</b>    |  |
| been complied with and that the information   | given is true and co. | mplete to the best | of                                    | J V E D   | <del></del>     |   | , 19           |  |
| my knowledge and belief.  |                       | -                  | BY                                    |   | $\leq$          |   | •              |  |
|   |                       |                    |                                       |   | 2/4             | mp. Jews                                    |                |  |
| $\Lambda$   |                       |                    | TITLE                                 |   | ຽປ              | PERVISOR DISTRICT                           | <b>*</b>       |  |
| (1001:11  |                       | <i>→</i>           |                                       | la familia (-   |                 |   | 7              |  |
| _ (MUVE Harmen  |                       |                    | <b>-</b> ∥                            | This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepen. |                 |   |                |  |
| Carrie Harmon (Signature  |                       |                    | well, th                              | ints is a requi   | be accompani    | ble for a newly drill<br>ed by a tabulation | led or deepen: |  |
| Production & Drilling   | Clerk                 |                    | tests ta                              | iken on the w   | vell in eccord  | ence with Rule in                           | or the deviati |  |

tests taken on the well in accordance with RULE 111.

sections of this form must be filled out completely for alloable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip